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APPLICANTS

Benjamin Oshlack, New York, NY;
 Curtis Wright, Norwalk, CT;
 J. David Haddox, Upper Stepney, CT;

** CONTINUING DATA *****

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 09/27/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY NY	SHEETS DRAWING 3	TOTAL CLAIMS 13	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

ADDRESS

DAVIDSON, DAVIDSON & KAPPEL, LLC
 14th Floor
 485 Seventh Avenue
 New York, NY 10018

TITLE

TAMPER-RESISTANT ORAL OPIOID AGONIST FORMULATIONS

FILING FEE RECEIVED 2312	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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